

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 4-30-03.

I. DISPUTE

Whether there should be reimbursement for CPT Code 99211, 97022-22, 97110, 97032 and 97124.

II. FINDINGS & RATIONALE

On 11-28-01, TWCC approved the claimant's request to change treating doctors to requestor, ____; therefore, the insurance carrier incorrectly denied reimbursement based upon "L". Services denied based upon "L" will be reviewed in accordance with *Medical Fee Guideline*.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
6-5-02	97124 (X2)	\$56.00	\$0.00	L	\$28.00 / 15 min	CPT Code Descriptor	SOAP note supports service billed per MFG, reimbursement of \$56.00 is recommended.
5-8-02 6-5-02 6-13-02 6-17-02 6-19-02 6-27-02 7-3-02	97022-22	\$40.00	\$0.00	F L L F F F F	\$20.00	CPT Code Descriptor General Instructions GR (III) Section 413.011(b) Modifier -22	Modifier -22 requires DOP. The SOAP notes do not support DOP per MFG; therefore, the additional \$20.00 billed per date is disallowed. SOAP note supports whirlpool service, reimbursement of \$20.00 X 7 dates = \$140.00.
5-8-02 6-5-02	99211	\$18.00	\$0.00	N L	\$18.00	E/M GR (IV) and (VI)	Report supports service billed per MFG, reimbursement of \$18.00 X 2 dates = \$36.00.
6-5-02	97032	\$22.00	\$0.00	L	\$22.00	CPT Code Descriptor	SOAP note supports service billed per MFG, reimbursement of \$22.00 is recommended.
5-8-02 6-5-02	97110 (X2)	\$70.00	\$0.00	L L	\$35.00 / 15 min	CPT Code Descriptor Medicine GR (I)(A)(9)(b)	SOAP note supports service billed per MFG, reimbursement of \$70.00 X 2 dates = \$140.00.
TOTAL							The requestor is entitled to reimbursement of \$394.00 .

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT codes 99211, 97022-22, 97110, 97032 and 97124, in the amount of **\$394.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$394.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 20th day of February 2004.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division